

Online supplement

Dear "Salutation",

This is just a note to see how you are getting on. We hope things are going well for you and if so, that they will continue to do so.

We hope that if you made contact with any of the organisations on the leaflet we previously sent you, you found them helpful.

With best wishes,

Clinical Researcher

On behalf of the research team at the University of Manchester and Manchester Mental Health and Social Care Trust

Standard letter Assessed for eligibility (n = 250)Ineligible: (n = 81)Admitted to psychiatric ward (n = 8)No telephone (n = 25)General hospital admission >7 days (n = 15)Missed due to administration error (n = 18)Other e.g. out of area (n = 15)Included for contact **Enrollment** (n = 169)Ineligible: after contact (n = 19)Moved out of area (n = 2)Deterioration in psychosis (n = 3)Denied self-harm (n = 3)Hospital admission (n = 3)Other (n = 8)Excluded: (n = 84)Unable to be contacted (n = 44)Declined via SMS (n = 3)Declined (n = 37, most often no reason given, other reasons were: already receiving sufficient support, wanted to forget about the episode). Randomised (n = 66)Allocated to non-intervention (n = 33)Allocated to intervention (n = 33) Allocation Received allocated treatment as usual (n = 32) Received allocated intervention (n = 33) Did not receive allocated treatment as usual • Did not receive allocated intervention (n = 0)(opted out, (n = 1)I ost to follow-up (n = 0)Lost to follow-up (n = 0)Follow-up Discontinued intervention (died) (n = 1)Discontinued intervention (n = 0)Analysed (n = 32)Analysed (n = 32)Excluded from analysis **Analysis** • Excluded from analysis (as above, died, (n = 1)(as above, opted out, (n = 1)

Fig. DS1 Flow diagram for randomisation of participants.

Exclusion criteria: Psychiatric in-patients and those with a medical admission of 7 days and over, those of no fixed abode or with no telephone access, those unable to understand English. Also excluded from the study were those unable to give informed consent during the first telephone call, as well as those who did not wish to take part.

Table DS1 Repetition within 12 months and resource use in intervention and usual treatment groups		
	Intervention group	Usual treatment group
Repetition within 12 months Individuals repeating, <i>n</i> (%) 95% CI Repeat episodes, <i>n</i> (median) IQR	11 (34.4) 20–52 ^a 41 (0) 0–1	4 (12.5) 4–29 7 (0) 0–0
Resource use Emergency department attendances, median (IQR) Medical in-patient days, median (IQR) ^b Face-to-face contacts with mental health	1 (0–3) 0 (0–1)	1 (0–2) 0 (0–1)
services, median (IQR) Admitted to a psychiatric bed, n (%)	2 (0–9) 1 (3.1)	0 (0–2) ^c 2 (6.2)

a. There was an additional self-poisoning death in the intervention group not included in this analysis as they did not re-present to the study hospitals. Including this person in the repeat group increased the odds and incidence rate ratios slightly (adjusted OR = 4.97 (95% Cl 1.10–22.50), adjusted IRR = 7.34 ((95%Cl 1.61–33.45). b. Available for one hospital only. c. P for difference, 0.053; no other differences in resource use between groups approached statistical significance.